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CONFIRMATION NO. 4457

SERIAL NUMBER	FILING OR 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/893,535	06/29/2001	705	3626	OHI 1717-008A
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** CONTINUING DATA ***** <i>None</i>				
** FOREIGN APPLICATIONS ***** <i>None</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 08/16/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Debra K. Gaudin</i> Examiner's Signature Initials		STATE OR COUNTRY OH	SHEETS DRAWING 19	TOTAL CLAIMS 85
INDEPENDENT CLAIMS 8				
ADDRESS 08698				
TITLE System, method, and computer program product for configuring and purchasing a medical device				
FILING FEE RECEIVED 1205	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	